

SERIAL NUMBER <div style="text-align: center;">09/284,109</div>	FILING DATE <div style="text-align: center;">04/07/99</div>	CLASS <div style="text-align: center;">165</div>	GROUP ART UNIT <div style="text-align: center;">3743</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">STOLZ (PCT)</div>
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APPLICANT

OLEG STOLZ, KOLN, FED REP GERMANY.

****CONTINUING DOMESTIC DATA*******

VERIFIED

NONE CA

****371 (NAT'L STAGE) DATA*******

VERIFIED THIS APPLN IS A 371 OF PCT/EP97/05502 10/07/97

YES CA

****FOREIGN APPLICATIONS*******

VERIFIED FED REP GERMANY 196 41 318.4 10/08/96

YES CA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/18/99 ** SMALL ENTITY **

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>CAO</u> <div style="display: flex; justify-content: space-between;"> Examiner's Initials Initials </div>	STATE OR COUNTRY <div style="text-align: center;">DEX</div>	SHEETS DRAWING <div style="text-align: center;">4</div>	TOTAL CLAIMS <div style="text-align: center;">1</div>	INDEPENDENT CLAIMS <div style="text-align: center;">1</div>
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ADDRESS

COLLARD & ROE
 1077 NORTHERN BOULEVARD
 ROSLYN NY 11576

PHONE: (516)365-9802

TITLE

REGENERATIVE HEAT EXCHANGER

FILING FEE RECEIVED <div style="text-align: center;">\$420</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> All Fees</div> <div><input type="checkbox"/> 1.16 Fees (Filing)</div> <div><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</div> <div><input type="checkbox"/> 1.18 Fees (Issue)</div> <div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Credit</div> </div>
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DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 284109	RECEIPT DATE:	04 / 07 / 99
IA NUMBER:	PCT/ EP97 / 05502	IA FILING DATE:	10 / 07 / 97
FAMILY NAME:	STOLZ	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	OLEG	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	10 / 08 / 96
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	STOLZ(PCT)	COUNTRY:	EPX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	TELEPHONE	5163659802
		FAX	

NAME: COLLARD & ROE

STREET: 1077 NORTHERN BOULEVARD

CITY: ROSLYN

STATE/COUNTRY: NY ZIP: 115761696

EMAIL:

APPLICATION TITLES:

REGENERATIVE HEAT EXCHANGER

TAB TO LAST POSITION,PUSH SEND